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SUBJECT: WHO: FIFTY-FIFTH MEETING OF THE REGIONAL COMMITTEE
FOR EUROPE

¶1. Summary. The 52-member WHO Regional Committee for Europe (EURO) met from September 12-15, 2005, in Bucharest, Romania. WHO Director-General J.W. Lee participated in the opening session. In his remarks he focused on avian influenza, universal access to HIV/AIDS treatment, recalling the G8 goal, polio eradication, chronic diseases, violence, and the International Health Regulations. In an embarrassing gaffe Lee recalled the World Health Assembly's recognition of the negative impact on health of free trade agreements when in fact the Assembly had done no such thing. The Committee adopted nine resolutions on such issues as promoting better health for children and adolescents, including the European Strategy for Child and Adolescent Health, reducing the harm done by injuries and violence, increased preparedness for health emergencies, and fighting obesity and harmful use of alcohol. The Committee selected Denmark, Slovenia, Turkey and Latvia to serve on the WHO Executive Board beginning in May 2006. The Regional Committee will meet next in Copenhagen on 17-20 September 2006. End summary.

¶2. Report of the Director-General: Dr. J.W. Lee, who spent only the opening session at the Committee, began his remarks by informing Committee members that the new International Finance Facility for Immunization (IFFIm) had been launched on September 9. The facility is designed to increase the number of children who could be protected by vaccination. Lee also stressed the importance of emergency preparedness and response, citing outbreaks of avian influenza in Kazakhstan and the Russian Federation, and the need to prepare for an influenza pandemic. The Director-General asserted that universal access to treatment was the main goal of WHO's efforts to combat disease, particularly HIV/AIDS and tuberculosis. He also stressed the need to focus on chronic diseases, citing the problems of drug and alcohol abuse by adolescents, particularly binge drinking. Noting the need to bring those outside the conventional health sector into the health debate, Lee said patent issues have brought public health concerns directly into international trade negotiations. He then stated the World Health Assembly this year had recognized the danger of bilateral free trade agreements in restricting flexibility in the health sector. The WHO legal adviser later confirmed to USDel that the Health Assembly had taken no such decision and attributed this error to "over reaching" by the speech writers.

¶3. Report of the Regional Director: Dr. Marc Danzon began his address by identifying three guides for the work of the Regional Office: the program of work for 2004-2005, his vision for developing the Office into a modern, more credible and adaptable organization, and the strategy for matching services to countries' needs. As examples, he cited coordinating the European response to the tsunami in Asia in 2004; working with UNAIDS to increase access to HIV/AIDS treatment in the region; sponsoring conferences on mental health, the environment, immunizations, and obesity; closer partnerships with the European Commission, the World Bank, and UN organizations such as UNICEF; and cooperation with the European Center for Disease Prevention and Control.

¶4. Invited speaker: The European Commissioner for Health and Consumer Protection, Markos Kyprianou, said his participation in the Committee meeting signaled the EC's commitment to closer cooperation with the Regional Office and WHO as a whole. He suggested such cooperation would enable the EU and WHO to overcome the problem of decreasing resources and win wider political support for their shared agenda. He stressed investing in preventing disease and tackling lifestyle problems such as tobacco, obesity and alcohol.

¶5. European Strategy for Child and Adolescent Health: The Regional Committee adopted this strategy to increase efforts to reach the goal of enabling children and adolescents to reach their full potential for health and development and to reduce the burden of avoidable disease and mortality. The strategy follows four principles: a life-course approach that considers the full course of prenatal life to adolescence; putting the needs of the most disadvantaged at the top of the agenda to ensure equity; working through intersectoral action; and facilitating public and youth participation. Priority areas in the strategy include HIV/AIDS, obesity, violence and injuries, measles and

rubella, and mental health.

16. Framework for alcohol policy in the WHO European Region: The Regional Committee endorsed this Framework, which provides policy options for Member States to use in formulating national alcohol policies and national alcohol action plans. The resolution on alcohol adopted by the World Health Assembly in May (WHA 58.26) provided the impetus for developing the European Framework, and several delegations were successful in aligning the resolution accompanying the Framework with that of the Health Assembly - specifically, to emphasize public health problems resulting from harmful use of alcohol. Similar attempts, particularly by the U.K., to emphasize cooperation with the alcohol industry were not successful, although the EURO Secretariat provided assurances that its work was in consultation with the industry. WHO Assistant Director-General for Noncommunicable Diseases and Mental Health LeGales-Camus also stressed the need to coordinate with industry.

17. Interventions on alcohol stressed the need to reflect public health interests in all international agreements related to alcohol, such as those on trade and taxation; to call for age limits on the purchasers of alcohol; and to restrict alcohol advertising, particularly on the Internet. The German intervention included a directive to the Secretariat to "lay off industry" and suggested the

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resolution's call for a legal database in the European Alcohol Information System was likely to be an expensive undertaking with few results. In a bizarre intervention, the WHO Regional Director for the Eastern Mediterranean, Dr. Hussein Gezairy (Saudi Arabia), suggested that alcohol not be allowed on WHO premises nor served at WHO social events. He also called for the negotiation of a framework convention on alcohol and a report by the World Bank on the economics of the alcohol trade. There was no indication that members of the Regional Committee welcomed these proposals. The EURO Regional Director told USDel he had invited Gezairy to the meeting because he needs his help in dealing with Israeli-Palestinian issues. Israel is a member of the WHO European region.

18. Avian and pandemic influenza: Although not on the Regional Committee's agenda, the WHO headquarters and regional office secretariats presented a technical briefing on avian and pandemic influenza, focusing on the current situation in South-east Asia, WHO's plans to respond to the avian influenza pandemic threat, the problems associated with risk assessments, and anti-viral stockpiling issues. There was also a discussion of upcoming meetings, including the U.S. IPAPI initiative, EU meetings, and the planned WHO donors meeting on pandemic preparedness. This discussion led the French delegation to criticize the "pandemic of meetings."

19. WHO Executive Board: The Regional Committee selected Denmark, Slovenia, Turkey and Latvia to represent the region on the WHO Executive Board beginning in May 2006. The European region (as well as the Western Pacific region) gained an additional seat on the Board when amendments to Articles 24 and 25 of the WHO Constitution went into effect.

110. Next meeting: The fifty-sixth session of the Regional Committee will meet at the Regional Office in Copenhagen from 11-14 September 2006.

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